

Commonwealth of Kentucky
Office of Insurance
Agent Licensing Division
P.O. Box 517
Frankfort, Ky. 40601
502-564-6004
<http://doi.ppr.ky.gov/kentucky/>

Business Entity
Designation or Termination of Designation Form

Business Entity Name		FEIN			
DBA/Trade Name (if applicable)		State of Domicile			
Business Address		City	State	Zip Code or Foreign Country	
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Mailing Address	P.O. Box	City	State	Zip Code or Foreign Country	

Effective date of designation or termination will be the date of receipt in the Office of Insurance.

Name	SSN	Designate	Terminate	Lines of Authority
		<input type="checkbox"/>	<input type="checkbox"/>	
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Officer: _____ Title: _____

Signature of Officer: _____ Date: _____